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W	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 2 1	9 2 5 9
a may be to page 3 utter death		CEASED NAME OFFICE OF PRINTS	ALLCORN RACE S DATE OF BIRTH	20 DATE OF DEATH MONTH DAY 21 6 AGE (IN YEARS LAST BIRTHDAY) 4 FUN	YEAR 2b. HOUR M
death Page tuneral direct thur 72 hours	7e. 8i	RIMPLACE SEPTIMENT TO BE TOWN OF DEATH ILL	CITIZEN OF WHAT COUNTRY? AARRIED NEVER MARRIED ON DIVORCED ON NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	Cecil Co	DEATH MD. III. KIND OF BUSINESS OR
24 hours after	Justin L	Chton AL RESIDENCE OF MURLOW HOUSE CHA	HE DISTRICTION ONE RESIDENCE REPORT OF THE PROPERTY OF THE PRO	Madeig R.R.	Porductor Ad.
ond completely ond completely ages I and 2 st	The V	VAS DECEASED EVER IN U.S. ARMED	D PORCES? TISE SOCIAL SECURITY NO. 17. INEGRANAS	NAME MICON WILLIAM ADDRESS - TON	enis unimed Del
quires that the draft certificate be signed by the attending physicism her plant termine cortical papers. It to buriel, estimation as remayal siury, as other traumatic event, the figure, as other traumatic event, the figure	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Fig. 30. Phone	RMINAL DISEASE OR CONDITION GIVEN IN	APPROXIMATE SPESVAL ETAMEN CHARLAND DEATH
ne low recon. hos been permit. If ene prior the prior t	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES YES	RE FINDINGS USED CAUSES OF DEATH?
G PHYSICIAN: The patending physicio en this certificate is the buriol-transit and Mental Hygie ked or them 18 she	MEDICAL CEI	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE OF WHILE AT WORK AT WORK	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216, PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM, ETC.) 216, TIME OF INJURY 19 217, HOW INJURY OCC.	URRED (ENTER NATURE OF INJURY IN ITEM 18. PART : C	OR PART ?) COUNTY STATE
L OR ATTENDIN the hospital or of L DIRECTOR: Aft fached for use or e Dept. of Health If hem 21 is mon		22a I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did nat) vi 22b. SIGNATURE	iew the bady after death. DEGREE ATTENDING	S _ MEDICAL _ STAFF _	1 from the causes stated 22c. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL [should be deta with the State [IMPORTANT: If	23u-1	THE PHYSICIAN'S NAME (TYPE OR PR	· · · · · · · · · · · · · · · · · · ·	town, Del.	11/243
BP DHMH - 16 50M 1/B1 (VRA 15, 4)		Surval Markat Difference Aug	NOV 26,982 Rad Clay Crack Co	DATE REC'D. BY REGISTRAN	S SIGNATURE

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	ki DECI	TATE EGISTRAR EASED NAME ORPRINT)	FIRST		DEPARTMENT DICAL EX AN	AINER'S	CERTIFIC		ATH REG	G. NO. (N XX MONTH D	DAY YEAR	26 HOUR
f	_		uc.	DATE OF BIRTH AONTH DAY UNE 29,	1982		AYRES INDER 1 YR. ITHS DAYS	IF UNDER 24 HRS	PRONOUNCED DEAD	монтн 1 1 — 1	DAY YEAR 4-82 ₉	2d. HOUR AM 10:34
6 E	FORF	THPLACE (STATE OF IGN COUNTRY)	re	USA		WIDO	WED L	ER MARRIED 🔀	Cecit	County		MD
/ E	Lk	OR TOWN OF DE	/	Inion Ho		RESSI	THER INSTITUT	FO	SUAL OCCUPATION R MOST OF WORKING LIFE Child		OR INDUST	
113a	STA	RESIDENCE (FINE ATE Laware	New Ca	stle	136. CITY OR TOV Newark		13d. INSIDE CIT		REET ADDRESS K Kimbert	ton Dri	ve ;	
1	Da	HER'S NAME FIRST VId		DDLE A •	Perdue		Bre		MIDDLE		yres	
160	(YES	AS DECEASED EVE NO. OR UNKNOWN)	R IN U.S. ARMED (IF YES, GIVE WAR		166 SOCIAL SEC 222 -64		Bre		es (Mother	15K K	imberto	n Dr.
Z		Canditions, "il gave rise to cause (a) statin lying cause las PART 2 OTHER SIGNIFICA	immediate ng the <u>under</u> it.	(c)	AS A CONSEQUE	Eddi	ASE OR CONDITION	GIVEN IN PART 1 (a).				
CEPTIFICATION	Tallar I	196. DATE OF OPER	RATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORA	MED?			20 AUTOPSY	NO 🗆
		UNDERLYING CONTRIBUTING	OR			YEAR	HOW INJURY (OCCURRED LENTE	R NATURE OF INJURY IN IT	EM 18 PART I OR PAR		
MEDICAL			RRED T WHILE		OF INJURY (AT HO. ORY, FARM, ETC.)	AE, 21f. L	OCATION STREET	ESSA G	CITY OR TOWN	cou	INTY	STATE
		270. I certify that death resulted fra ACTUAL SIGNATURE		the remains desc	rribed above, held Accident ,	an Auta Suicide	Hamici	PECIFY)	Inquiry , etermined manner	and in my ap DATE SIGNE	_D 11–15–	32
4	E	XAMINER'S NAMI	E Ma	rgarita	A. Korel	l,M.D.	_ADDRESS	111 Penn	STreet			
	(RIAL, CREMATION,					OR CREMATO		OCATION TY OR TOWN			

2001 (30 %) 30.26 TITO O' SOUTH TOWN THE S. U.S. HOSS, R. - ROT PULLAND, MICH. ED. 21021 FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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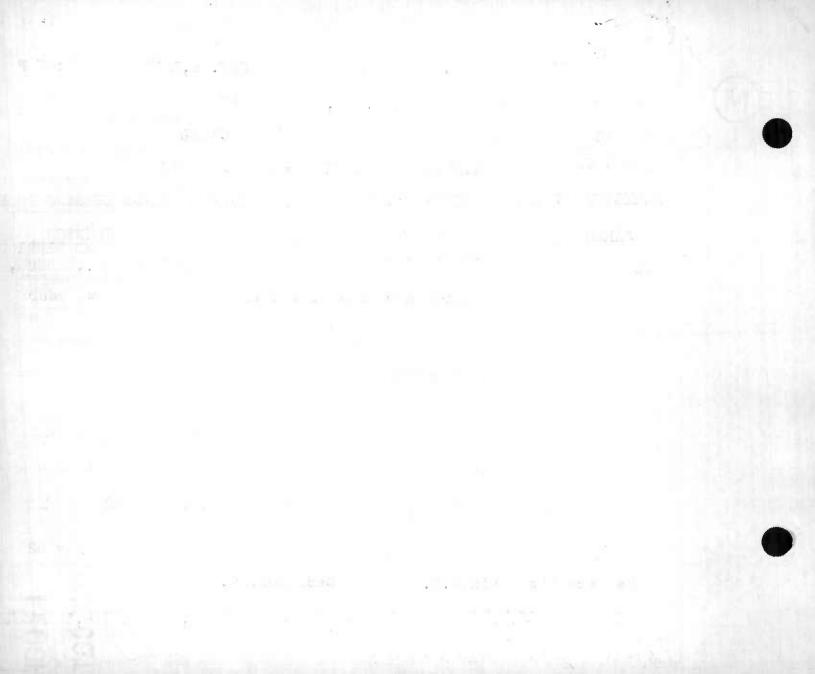
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DHMH-16 20M (VRA 15, 4) 7/78

	1 -	FOR STATE REGISTRAR			MENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N		9 2	2 6	3
3 75	1. DE	CEASED NAME FIRST ORPRINTI	IZABETH	B.		ROWN	NOV. 6,	1982 DAY	YEAR	21. HOUR 2:45	5 P
(M)	3. SE	FEMALE	RACE WHITE	3	A UG	. 31°, 1895	AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	IF UNDER 24	HR5
nnerol na 72 m	D	RTHPLACE ISTATE OR FOREIGN DUNITRY) ELAWARE	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED X	CECIL	R COUNTY OF	DEATH		MD.
by the fulled with	10 C	TY OR TOWN OF DEATH RISING SUN				ROTHER INSTITUTION URSING HOME	120 USUAL OCCUPATE (TYPE OF WORLED MOST O HOUSEW	ON EWORKING LIFE)	126 KIND O INDUSTRY	F BUSINES	S OR
within 24 hou letely filled in d 2 should be mininer/must be	13a. S		AE OR OTHER INSTITUTION	RISING	SUN		CALVERT	MANOR	NUR	SING	ном
Pa de Ox		TAMES	WIDDLE	BROW		IS MOTHER'S MAIDEN NAM	WIDDLE			NSON	
on and comp Pages I an	16a V	VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? , GIVE WAR OR DATES)	SOCIAL SECU 222 24	2470	GAYLOR BROV	NN 209 AP		RD.	ELKT	ron,
quires that the death co signed by the attending hen please remove carb o bural, cremotion, or jury, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost PART 2 OTHER SIGNIFICAL	(b)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)1	_
he law red an. has been permit T ene prior I	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NOX	206. IF YES, WIN CERTIFYIN	G CAUSES		?
ATENDING PHYSICIAN The sispinal or attending physician CCOR After this certificate h d for use as the burial-transit t of Health and Avental Hygies in CHealth and Avental Hygies and Its marked or Item 18 shown 11 is marked or Item 18 shown 12 is marked or Item 18 shown 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220. I certify that (I) (1) saw the decased alive above, (I) (eff) (did) (did)	FOEATH HOUR A INER) 21e PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	Aug 2	21t HOW INJURY OCCURRED 21t LOCATION STREET 9 , 19 78 d that in (my) (****) opinion d	city or tov	vn	COUNTY 82		e) lost
TO HOSPITAL CANTIFF reformed by the hospital TO FuneRAL DIRECTOR should be detached for u with the State Dept of H. IMPORTANT: If hem 21 is		226. SIGNATURE Welling Ob 226. PHYSICIAN'S NAME (IN Wallace		/h, D in,M.D.		PHYSICIAN DIPERSION COLUMN COL	MEDICAL STA	IAN 🗌	8]	Nov 8	32
0 5 5 4 W	23a. E	BURIAL CREMATION, REMO	11/9/	23c N	AME OF C	EMETERY OF CREMATORY CLAY CREEK	NEWARK		JINIEY	STATE	41147



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.		
			FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	2b HOUR
1	(110)	E OR PRINT)	LOY		HAMILTO	N	BROWN		No vember	9, 198	32	2:05pm M
1	3. SE	X	4.	RACE		5. DATE O			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
-	and the same	Male		White)	May .		YE AR	85	YRS.	MONIHS DATS	HOURS MIN.
Z		IRTHPLACE (STATE OR FORE			WHAT COUNTRY	8 MADDIE	D NEVER MAR	PIED []	9 BALTIMORE CITY	R COUNTY	OF DEATH	FINE
1		est Virginia		USA	1	WIDOW			Cecil Cou	nty		MD.
-	10 C	ITY OR TOWN OF DEATH	1]1		HOSPITAL, NURSI		OR OTHER INSTITU	TION	12a USUAL OCCUPAT			F BUSINESS OR
1		erry Point,		VA M	edical C				Farmer	W VV ORKING EI		ulture
5	13a. :		LOUNTY	er institution	Day I ingt	on	13d. INSIDE CITY	LIMITS?	3657 Day R	oad		
72	14 F/	ATHER'S NAME	440	Dir	LAST		15. MOTHER'S M.			0		
O		Willis	Éc	lgar	Brown		Ani	hie	Ettie		Clutte	r
)		WAS DECEASED EVER IN			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS St	reet. M	Ъ
		YES, NO OR UNKNOWN)	WWI	AR OR DATES)	236-18-1	680	Mrs. Bet	tv R	igsby,3121	Old S	carboro	Road,
		18 CAUSE OF DEATH	Enter only	one couse per								IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	CAUSED B	Y:	Cardiac		st				DCT WILETY	ONSET AND DEATH
		4275	MEDIATE (100000000000000000000000000000000000000		30					
		Conditions if any	Link (DUE TO, O	R AS A CONSEOU	JENCE OF						
П	100	Conditions, if any, w gave rise to immed	diote	(b)								
			the lost	DUE TO, O	R AS A CONSEOU	JENCE OF					G ALL	
	18.3	DADY O CYUED CICHE		(c)								
	z	PART 2 OTHER SIGNIF	ICANT CO	ADITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	0,
1	CERTIFICATION	19g. DATE OF OPERATIO	N	TIGH COND	ITION FOR WHICH	- OPERATIO	N WAS PERFORM	ED.	20g AUTOPSY?	206 IE VES	S, WERE FINDIN	VOS LISED
1	FIC.	THE DATE OF GLERATIO		178. COND	morrox winer	TOTERATIO	TO TO A STERI ORIN			IN CERTIF	YING CAUSES	OF DEATH?
_	E	21g, ACCIDENT WAS UNDERL	VINC C	21b. TIME C	NE INTILIDY		21. 11014/1511115	V OCCUPE	YES NO NO	YE		NO []
1		OR CONTRIBUTING CAU			M. MONTH D	AY YEAR	ZIL HOW INJUR	TOCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)	
	S	(IF EITHER NOTIFY MEDICAL	EXAMINER)		M.	19						
	MEDICAL	21d. INJURY OCCURRED		21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION		CITY OR TO	WN	COUNTY	STATE
	1	AT WORK AT WORK										
		22a. I certify that X1) (th										KXXXXXXXX
		XXXXXXXXXX	XXXXX	XXXXXXX	XXXXXXXXX	XXXX. DI	nd that in (my) (au	r) apinion o	death accurred on the d	ate and hou	ir and from the	couses stated
		226 SIGNATURE	, //	1/1	1		DEGREE				22c. DATE	
	181	1/00 gun	n //	3	nua	WI		NDING SICIAN	MEDICAL STA		11	1-9-82
		220 HYSICIAN'S NAM	E (TYPE OF PR	INT)		1	22e ADDRESS	oreign.	3 P.M.EC.O.M			1-9-02
		J. R. G	ARCIA	, M.D.			VA Medi	cal C	Center, Per	ry Pot	int, Md.	N. W.
		BURIAL, CREMATION, REA	MOVAL	23b DATE	23¢.	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COLUMN -	
		Burial		Nov. 12	,1982 Be:	l Air	Memorial	Gard	ens, Bel Ai	r Ha	rford	Md. STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

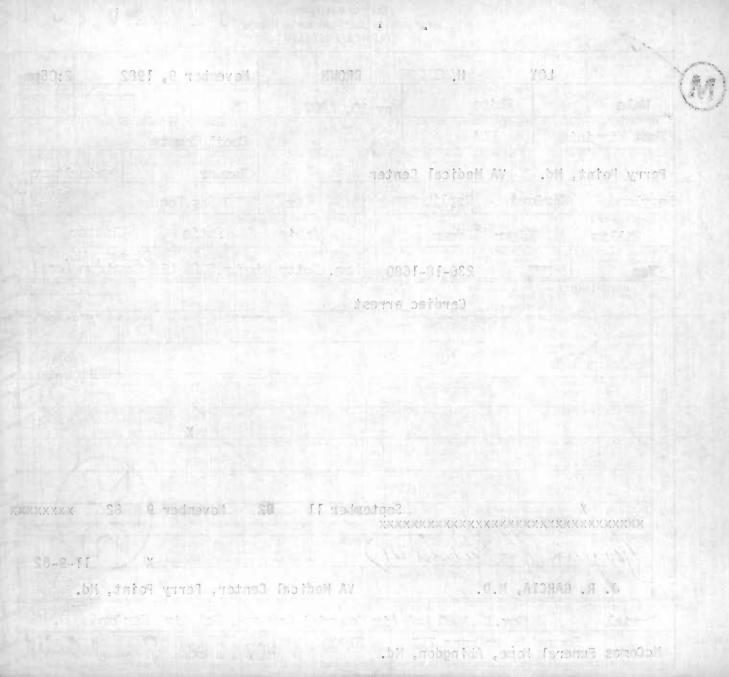
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McComas Funeral Home, Abingdon, Md.

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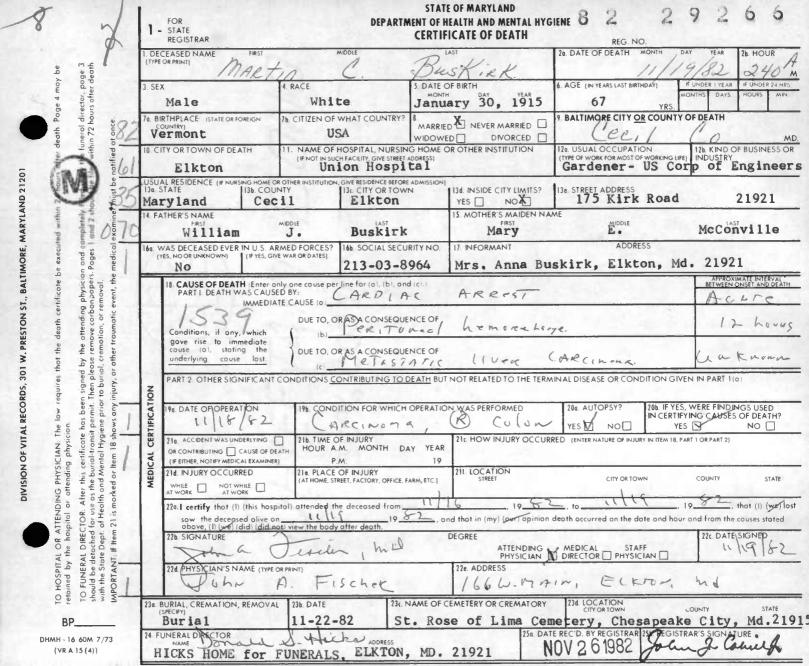
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John J. Cohief



9 3	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MAR EALTH AN ICATE O	D MENTAL HYG		2	2 9	2	6 5
(M)		CEASED NAME	FIRST	2	MIDDLE D •	BRC	AST WN		20. DATE OF DE		1982		26. HOUR 7: 10 p⋅м
200	3. SE	emale		. RACE Whit	e	S. DATE O		1897 ^{YEAR}	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS		IF UNDER 24 HRS HOURS MIN.
Trong no 36		RIHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	2	D D NEVE	R MARRIED DIVORCED	9. BALTIMORE Cec		JNTY OF DE	ATH	MD.
를 불러 불어스		TY OR TOWN OF DEA	TH 1	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A TANON	DDRESS)			120 USUAL OCI (TYPE OF WORK FO HOD		ING LIFE) IND	KIND OF USTRY	BUSINESS OR
filled in outd be thought be the	13a. S	AL RESIDENCE (IF NURSI TATE Tryland	OF COUNT	TY	13c. CITY OR TOWN North Ea:	N	13d. INSIDI	E CITY LIMITS?	13e. STREET ADI	DRESS			
MARYL ed within ond 2 sh	14. FA	THER'S NAME FIRST George	-	NIDDLE	Davidso	n		ER'S MAIDEN NA FIRST Laura		IDDLE	h	last liley	,
n and ca Pages 1		VAS DECEASED EVER I		MED FORCES? WAR OR DATES)	16h SOCIAL SECU 220-14-1		17. INFOR	Dorothy	B. Day,	ADDRES Be			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician and completely filled in by so the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filler than Amental Hygiene prior to burial, cremation, or removal. Carked or them 18 shows any injury, or other traumatic event, the medical examiner must be no arked or them 18 shows any injury, or other traumatic event, the medical examiner must be no	No	Canditians, if any, gave rise to imm cause (a), stating underlying cause	which ediate g the last.	DUE TO, C (b) DUE TO, C (c)	DR AS A CONSEQUE	NCE OF				r condition	N GIVEN IN P	ART I(a	
TAL RECOR	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PER	RFORMED	200 AUTOPS	Y? 20b. IN C	IF YES, WERE ERTIFYING C YES []	FINDING AUSES (GS USED OF DEATH?
ON OF VITA HYSICIAN: TI riding physicia sis certificate byriel-transis Mental Hysia or Item 18 sh		21g. ACCIDENT WAS UND OR CONTRIBUTING C {IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	H HOUR A	OF INJURY M. MONTH DA P.M.	Y YEAR		/ INJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITE	m 18 PART I ORI	PART 2)	
DING PHYS or attendir After this e e os the bu marked or	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	IE 🗍		OF INJURY FREET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCA	ATION REET	c	ITY OR TOWN	cou	YINL	STATE
TEND of the Property of Head		220. I certify that (1) saw the decease abave, (1) (we) (d	d alive an_	11	-72- 196		nd that in (r	ny) (our) apinian		n the date and	d haur and fr	am the c	
TAL OR ATT y the hospi RAL DIRECT detoched for fore Dept. a		22b. SIGNATURE					DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN [. DATE S	3_r
TO HOSPITAL Of HOSPITAL Of HOSPITAL OF Should be deto with the Store I IMPORTANT: If		22d PHYSICIAN'S NA	dead			9		reare			536	3	
BP		SURIAL, CREMATION, P SPECIFY) Burial	REMOVAL	23b. DATE 11-24				ethodist	23d. LOCATION CITY OF Cemeter	own Nor	th Eas	st. N	STATE .
DHMH - 16 50M 4/82 (VRA 15, 4)		ICKS HOME	For Fi	UNERALS	ADDRESS ELKTON,	MD.	21921	250. DAT	E REC'D. BY REG 10V 2 9 19	82	GISTRAR'S	2 Ca	wif

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Ernest Congo 201 N.Gray Ave Wilm. Del.

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S ma		Female	4 RACE White	S. DATE OF BIR 06/2		6. AGE (In y	POTS IF UNDER 1 YE. BY MONTHS DA YRS.			Nov.	DEAD	6th	eor 19	2d. HOUR 3:12
	con	BIRTHPLACE (State ennsy 1 va	nia	O. CITIZEN OF WH	AT COUNTRY?	8.	MARRIED NEVER	MARRIED 9. C	OUNTY OF D	ecil		. 4 . 3		Md
pending" in pencil in Item er's Office along with form P 1 and 2 with the State Depo	10.	ITY OR TOWN OF	Maryland				ITION (If not in hosp Hospital		OCCUPATION t of working	(Kind of wor	rk done etired.) Ker	12b. KI INDUST	IND OF BUS	SINESS OR
ong with f	130.	USUAL RESIDENC dmission) STATE	E (Where decease	d lived, if institu 13b. COUNTY	rion: Residence	before 13c.	CITY OR TOWN Elkton	13d. INSIDE CITY LIMITS?	13e. STREI 810	T AND NUME E.Fre	ncht	own	Rd.	21921
of Owith	14. 1	ATHER'S NAME	First Nicholas	Middle	Boinov	lost ych		MAIDEN NAME Fir	**	Mid And:		essi	lon los	st
pages 1 and oth.	160.	WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO n) (If yes give wo	RCES? or or dates of service)	16b. SOCIAL SEC 218-09		17. INFORMANT M/Sgt.	Charles M	l. Denr	ADDRESS	r. E	lkto	2192 on, M	
delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item al director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form ur files. IECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State Deparation, or removal, and in any event within 72 hours after death.		rise to immedi stating the und lost.	ny, which gove ote couse (o), derlying couse	(b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NG TO DEATH BI	NCE OF		AL DISEASE OR CONDI		PART 1(o)				
torwora ed as a b	CERTIFICATION	190. DATE OF OI	PERATION		19b. CONDITION WAS PERFO		OPERATION					2	O. AUTOPS	
shauld be used val, and in any	MEDICAL CERT	210. EXTERNAL C PRIMARY AOK CAUSE OF DEATH	CONTRIBUTING [21b. TIME OF HOUR A.	INJURY Month, D	oy, Yeor		occurred (Enter no	oture of injury	in Port 1 or	Port 2,	Item 1B.)		
3 shau moval, c	MEI	21d. INJURY OCC WHILE NO AT WORK A		ACE OF INJURY (At home, form, s		21f. LOCATION Sti	reet or R.F.D. No.	City	or Town		Coun	ity	Stote
be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used prior to busial, cremation, or removal, and in any			sulted fram:		Sorki	cident [M.D.		INER EXAMINER AMINER	ermined n	22b. DAT I	E SIGNED	72	ny opinian
and 3 to the funer, be retained for yau TO FUNERAL DIR prior to burial, cre	230	BURIAL, CREMAT REMOVAL (Special Burial	ION, 23b, D		23c. NA	ME OF CEME	TERY OR CREMATOR		3d. LOCATION	(City or Tow	n)	(County	y) (S	Stote)
115ME (5) M- 1/70		FUNERAL DIRECTO		د. لا ما،	Dicksi	ADDRESS		250. REC'D BY						

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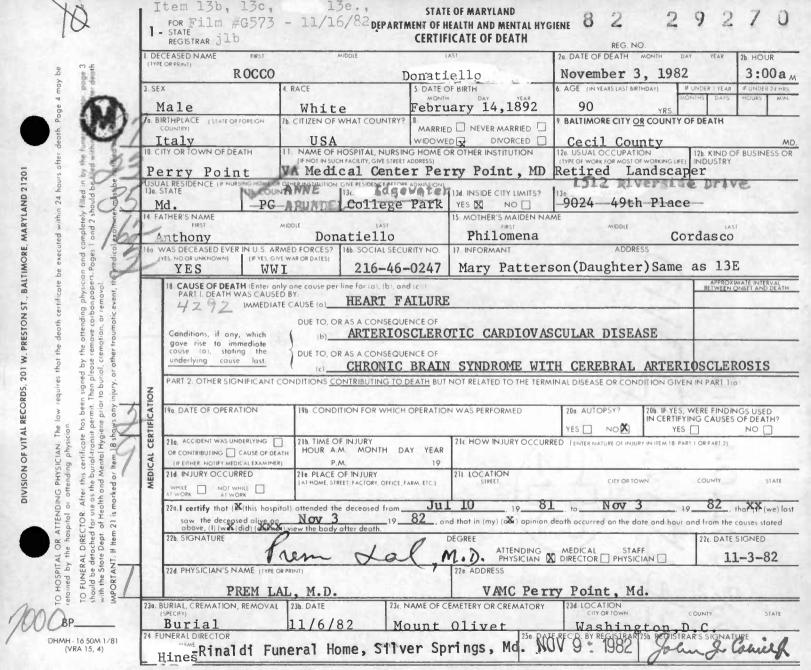
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tive 12 man for the species of the account of the first of the species of the spe

e g		CEASED NAME FIRST	MIDDLE R.	LAST	יני מגד קרנוק	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
10 II	3 SE	WALDEN X	A Kovi	5. DATE OF B	EFFERT	November :	12, 1982 6:15pm
16.0		Male		MONTH	DAY YEAR		MONTHS DAYS HOURS MIN.
、武器制ノバ	7a B	RTHPLACE (STATE OR FOREIGN	White 75 CITIZEN OF WHAT COUNTRY	Jan.	27 1900	82 yrs. YR	S. S
107		Vew York	U.S.A.	WIDOWED [NEVER MARRIED DIVORCED	Cecil Co	
offer at with the full with th	10 C	ITY OR TOWN OF DEATH erry Point	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VA Medical	ING HOME OR C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN U.S.N. Retired	126 KIND OF BUSINESS OF
ours oe the	_		ROTHER INSTITUTION, GIVE RESIDENCE BEFORTY				1 0.5.N. WELTI
filled should be seen as a	Má	aryland Mont		Springsy		13e. STREET ADDRESS 1018 Cresthave	en Drive 20903
with nd 2	14 F/	ATHER'S NAME FIRST	MIDOLE LAST		MOTHER'S MAIDEN NA	WIDDLE	LAST
on on one		Richard	Deffer		Bertha		Ganeoff
n ond on one one	A STATE OF THE PARTY OF		MED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 215-28		Pauline Pauleen S.	Deffert Silver	Cresthaven Drive Springs, Md.
that the death certificated by the attending physic lease remove carbonicaped ial, cremotion, or removal or other troumatic event, to		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL AFTERTO (c)	pneumoni vence of scleroti vence of sclerosi	is, general	artery disease	mellitus
signe hen p o bur jury,	z		CONDITIONS CONTRIBUTING TO			MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ne low req	CERTIFICATION	Gerebral ar	teriosclerosis,				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	ic. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	
SICIAN: TI ng physici certificate uniol-transit tem 18 sh	ICA						
NG PHYSICIAN: To ottending physic ter this certificate as the buriolitrons in hond Mental Hygin by a feed or litem 18 should be streed or litem 18 should be streed or litem 18 should be	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	21	F. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING PHYSIC or ottending After this celes os the buriciolth and Men marked or Ite	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (4) (this haspi	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, stol) ottended the deceosed from	April	14 19 3L	November 12	2 _{. 19} 82 xxxxxxx
the hospital or attending the hospital or attending LL DIRECTOR: After this cae stocked for use as the buric te Dept. of Health and Men i: If them 21 is marked or the	MEDICA	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that the (this hasping above, (I) (we) (did) (did no 22b. SIGNATURE	21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, atol) ottended the deceosed from (A) view the body ofter death.	April April April DEC	STREET 19 31 hot in (my) (our) opinion SREE ATTENDING PHYSICIAN	November 12	2 _{. 19} 82 xxxxxxx
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M. H. ATAY, M.D. the h. Fifterson & Sor, Perryville 14.



TA ZEREGEL Capper Perry Polyt, Invital to Market

TRAINER SHENDER TO TOWN DIESE INTO LOS DA

CHANGE WITH STREET BY THE WAR THE WORLD WITH STREET

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VANC Perry Polet, Md.

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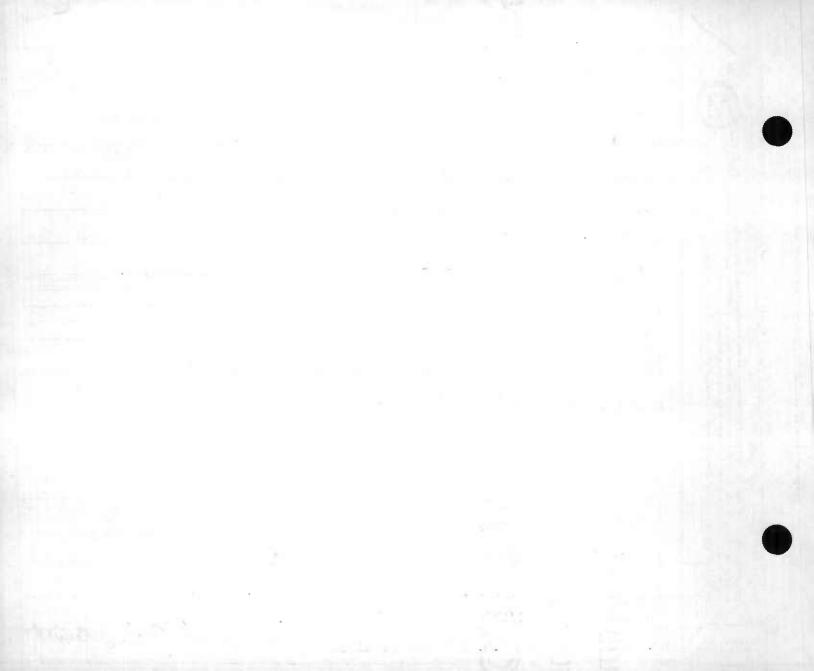
heinz-Eineldi Funeral Pore, Silver Springs, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1	FOR - STATE REGISTRAR		DEPART		HEALTH AND MENTAL H	YGIENE 8 2	Z.,	9	2 /	- 4
	ECEASED NAME FIRS	ST .	MIDDLE		LAST	2e. DATE OF DEATH	MONTH DA	Y YEAR	26 HOL	UR
1,,,,,	Blanche	Myra	a Edmun	dsen		Nov	16	1982	4:1	52P M
3 SE		1 RACE	a Louis Ville	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR		
	1=	white	a .	MONT	4 05 05	77		DAYS DAYS	HOURS	MIN.
7a B	SIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	1		BALTIMORE CITY O	PR COUNTY O	OF DEATH		
	COUNTRY)	7		MARRIE	D NEVER MARRIED					
102	TI OR TOWN OF DEATH	II NAME DE	HOSBITAL MURSIN	WIDOW	ED DIVORCED [Cecil 120 USUAL OCCUPAT	101	12h KIND C	05 9015 154	MD
100	III OK IOWITO DEATH		CH FACILITY, GIVE STREET		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O				E35 OK
	IAL RESIDENCE (IF NURSING HO	Union	Honsital	of C	Cecil County	hswf		do	mest	ic
130	STATE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RÉSIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	134 STREET ADDRESS				
	manyland	Cecil	Earleil	le.M	YES NO	rural				
14. F	ATHER'S NAME			-	15 MOTHER'S MAIDEN	NAME				
F	OWARD M.	MATTHEWS	LAST		LYDIA	ELIZABETH	P	EGIST		
	WAS DECEASED EVER IN U.		166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDR		101011	24.0	
	(YES, NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)	215-56-4	4600					4.0	
	1/0		413-30-4	4000	Edna Smith	Mars Rd El	kton, Me			- Indian
	PART I. DEATH WAS C	ter only one couse per	line for (a), (b), an	id (c).)				BETWEEN	CIMATE INTE	DEATH
		EDIATE CAUSE (a)	Basalr (170		<u> </u>		4 vrs		
	4360	DUE TO O	R AS A CONSEQU	ENCE OF						
	Conditions, if ony, which									
	gove rise to immediate									
	underlying couse las	DOL TO, O	R AS A CONSEQU	ENCE OF						
	DARKA OTHER SIGNIES	1c)	0.170.0170.070	DE 4 21 4 81 17				1		
z	PART 2 OTHER SIGNIFICA	ANI CONDITIONS CO	ON I KIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDII ION GIVEI	4 IN PART I	01	
CERTIFICATION	laibetes mell		ssible Ca				Lant IF WEE	MEDE EN IDA		
₫	THE DATE OF OPERATION	199 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDI	OF DEA	D TH?
Ë						YES NO	YES		NO [
8	218. ACCIDENT WAS UNDERLYIN		OF INJURY	AY YEAR		URRED JENTER NATURE OF INJU	RY IN ITEM 18, PAR	T † OR PART 2)		
₹	OR CONTRIBUTING CAUSE	Or DEALL	M. MONIH D.	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION					
¥	WHILE NOT WHILE	J AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	S	TATE
	AT WORK							- 0.0		
	22e.1 certify that (I) (this	hospital) attended th	ne deceased from_	Aug 1	1978 19—	to16_Ne		05	that (I) (
	above, (1) (we) (did) (a	sow the deceased alive an								
	22b. SIGNATURE	01	1 -		DEGREE			22c. DATE	SIGNED	
	yollow	Julis	Leen	mi	ATTENDING PHYSICIAN			16 N	lov 8	2
1	224. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS					
			-		Contillan	. Md 21012				
22		benshain M		NAME OF S	Ceciltor					
730	BURIAL CREMATION, REMO				CEMETERY OR CREMATOR	CITY OR LOWN	ADAT.	OUNTY		TATE
		11/17/	04	oblication.	ION ZION CEM.					
	UNERAL DIRECTOR	ND CON TO	ADDRESS	011 3/5	25e. D	1107261982	256. REGISTR	AR'S SIGNA	Whene	人人
15.1	DW: FELLOWS A	MU SUN F.F	i. CECILIU	UN MD	Z1913	140 4 9 () 1905	1 /	-0		

DHMH-16 20M (VRA 15, 4) 7/7B



	FOR FOR	E			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL H	YGIENE 8	2 2	9 2	7 2
		STRAR					ICATE OF DEATH		G. NO.		
	DECEASE	T)	FIRST		MIDDLE			2a. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
MI)	SEX	W11	liam	RACE	Roy	5. DATE C	dmundson	6. AGE (IN YEARS L	NOV. 4	1982 IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male					MONTH	DAY YEAR		AST BIKTHOAT)	MONTHS DAYS	HOURS MIN.
direc.		ACE (STATE OR FO	DOCUCHI 7h	White	WHAT COUNTRY	July	3 1901	81	YRS ITY OR COUNTY	V OF DEATH	
A 57 A	COUNTR	()	KEIGN 170	U.5.A		MARRIE	NEVER MARRIED	Conta	ii i <u>Ok</u> COOIII i	OFDEATH	
50	0 CITY OR	Penna.	TH 111			WIDOWE ING HOME (D DIVORCED [12g. USUAL OCCI	IPATION	12k KIND OF	BUSINESS OF
7261	Elkto	חכ	Ur	HENOTIN SUI	CHEACILITY, GIVE STRE	ET ADDRESS)	D.O.A.		NOST OF WORKING LIF		
30	JSUAL RES 130. STATE		Cecil		136. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDR		21	911
l ine	4. FATHER'			Tight			15. MOTHER'S MAIDEN	NAME			
10 7/1	Will	iam	Joh		Edmund	son	Emma	Corde	112	Hoffm	130
	6a WAS DI	CEASED EVER II			166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRESS		
medi	NO NO	OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	213-20-	2469-A	Mrs.Jessie	A. Edminds	on Chili		above e addr
, the	18 C	LISE OF DEATH	Enter only a	ane cause ne	r line for (a), (b), a				74	APPROXIM	NATE INTERVAL NSET AND DEATH
or ta burial, crematio	gove cous unde	ditions, if ony, erise to imme (o), stating cause	ediote the lost.	(c)_	10		NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIV	VEN IN PART 1(0)	
aws any	CERTIFICATION 190. D	ATE OF OPERATI	ON	IN COND	ITION NOR WHIC	OPERATIO	N WAS PERFORMED	20a AUTOPSY	IN CERTIF	S, WERE FINDING FYING CAUSES (ES []	
	00.00	CCIDENT WAS UNDE	AUSE OF DEATH	216. TIME C		DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE C	OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	
ed or h	21d. If	NJURY OCCURRE	ED LE [7]	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	City	OR TOWN	COUNTY	STATE
- -	AT WO	RK AT WORK	this hospital)) ottended th	ne deceased from	82	id that in (my) (our) apinio	2, to	the date and have		not (I) (we) los
l is ma			d plive pp								ooses stored
ot. of Health	S C	bove, (I) (we) (di	d plive pn d) (did not) v	new the body	ofter death.			on deam accorred on		-	
NT: # Hem 21 is ma	27b. S	ow the deceased bove, (I) (we) (di IGNATURE	d) (did not) v	RF	ofter death.		DEGREE ATTENDING PHYSICIAN			22c DATE S	
RTANT:	22b. S	bow the deceased bove, (I) (we) (di IGN TURE HYSICIAN'S NA	ME (TYPE OR PR	RA	ofter death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR P		-	
MPORTANT:	22b. S 22b. S 22d. P N	the deceased bave, (I) (we) (di IGNATURE HYSICIAN'S NAI	ME (TYPE OR PR	RA	e for	1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE S	igned -82
with the State	22b. S 22b. S 22d. P N	the deceased bove, (I) (we) (di	ME (TYPE OR PR	RINT)	Zan Zan	1	ATTENDING PHYSICIAN 170 ADDRESS RISING SU EMETERY OR CREMATOR	MEDICAL DIRECTOR P	STAFF HYSICIAN	-	

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	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	REG. NO.	2 9 2 7 3
		DEWE	LAMER ALLIER	S. DATE OF BIRTH	20. DATE OF DEATH MONTH	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
\$70		RTHPLACE (STATE OR FOREIGN OUNTRY).	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED G HOME OR OTHER INSTITUTION	CEC	TY OF DEATH
be potified	1/0	ORTH GAST	THE INSTITUTION GIVE RESIDENCE BEFORE	A PCAD ADMISSION)	TAT PLEASANT O	PLACE PETIRES
35		TATE 136 COUN CE THER'S NAME FIRST Dave	ELL NEPTHEA	YES NOX	189 OLA PHI	LA, RIADI
medicol exact		AS DECEASED EVER IN U.S. AR	FARME	RITY NO. 17 INFORMANT	ADDRESS	Nic Hols
event, the m		PART I. DEATH WAS CAUSE	y one cause per line for (a), (b), and BY. E CAUSE (a)	al arrest	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS CONSEQUE (b) CON DUE TO, OR AS CONSEQUE (c) CONSEQUE	myscarde	ral Infant	ion/
×	TION				rminal disease or condition (
9	CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
1,367	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19 21f LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM) CITY OR TOWN	8 PART I OR PART 2) COUNTY STATE
			ol) attended the deceased from	DEGREE	on death occurred on the date and h	., 19, that (I) (we) lost our and from the causes stated 220 DATE SIGNED
		SANG W.	KIM	ATTENDING PHYSICIAN 122. ADDRESS 808 S. Unu	on Ave. Havae	de Grave. NO
≥ 2:	3a B	URIAL, CREMATION, REMOVAL PECIFY BURIAL	1236. DATE 19, 8 7 A	AME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OF TOWN GRAPE	E. HARFORD MA
24	M	NERAL DIRECTOR ITCHELLEL	I. PA. HAVIEC	1FGRAUE WO	NOV 1 9 1982	ISTRAN'S SIGNATURE

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FOR

(VRA 15.4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

93	1.	9 %	1 3								
	1. DE (TYPE	CEASED NAME FIRST EDMUND	J. OSE		REG. NO. 2a DATE OF DEATH MONTH DAY YEAR November 17, 1982 9:50p M						
N	3. SE.	x Male	4 RACE White	5 DATE O		Ö8	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Poland ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT U.S.A. NAME OF HOSPITAL, NU	MARRIE	D NEVER MA	ARRIED X	9 BALTIMORE CITY C	Count	tu.	MD.	
3	9	Perry Point	F NOT IN SUCH FACILITY, GIVE S Medical Cet INSTITUTION GIVE RESIDENCE B	nter Per			124 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Disabled	ION DE WORKING LIFE)	INDUSTRY	F BUSINESS OR	
3	130. 5	STATE				10 🕅	18 Haley	Road 21	221		
30	14 FA	Edward.	Galicki	i.	15. MOTHER'S A	a a	MIDDLE		Zerans	ki	
2		YES (OR UNKNOWN) IF YES GIV	E WAR OR DATES)	54-7610	Henry		icki 7301 L	Bridgen	ood Dr	ive #24	
		BE CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIO—RESPIRATORY ARREST									
		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	NSIVE AF			C HEART DIS				
8	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN URINARY TRACT INFECTION										
2	CERTIFICATI	19a DATE OF OPERATION		6 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X			OF DEATH?	
9	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	M. MONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)				
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN COUNTY STATE						
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (will (did) (did id)			30 nd that in (m) (a	1980 ur) opinian d	to Nov I	19 ate and haur a		hat (X (we) last auses stated	
		226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR DEGREE							22c. DATE S	17-82	
		JOSEPH J. K	CIM, M.D.				RY POINT, N	D			
Y	(SURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE //-20-82	Holy	REMETERY OF CRI	Sary	23d. LOCATION Dundalk	, Balt	0. (O.,	Md. STATE	
		. Abover Funera	Inc. 11 Home 6224°8	astern		NOV	1 9 1982	REGISTRA	AR'S SIGNATU	nelh	

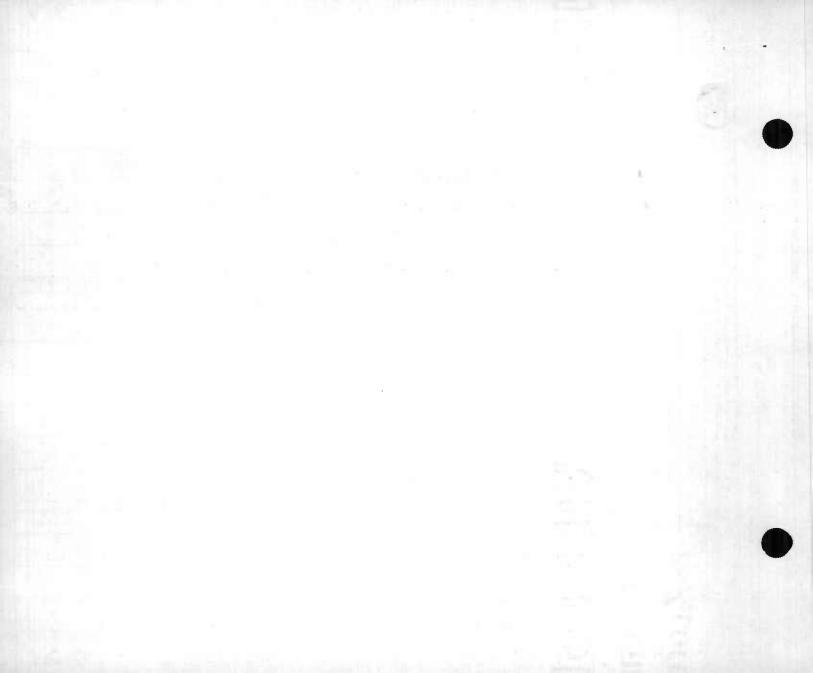
Essell J. 9887 G. L. 1982 November 17, 1982 9:56p 1626 5 8 08 74 Paland List. Complete Control retay roing IA haddeal Centre Teary Point, in Visualed en es' sici j. 18332 11. 118-120 217-34-761 Herry , chick for nice out view 11. EVERTHER HOUSE AND PROSCUENCE TO HEAVE DESCRIBE CHARLANT AFTER TOSCER COSE. I. . TE LEVICONE

JOSEP J. FOOL M.B. VANC PERK DONE, FO

Symical 11-37-12 Hody Node Para Durable Delice, Ja.
Leiden Son Inc.
... Sieber Veneral lane 1824 acten verse

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2	29276
Page 4 ms be director, page 3 nours after death		CEASED NAME FIRST	May (White	FUY THATE OF BIRTH BIDDING 19 YEAR	20 DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 16 HOUR M
deoth.		RTHPLACE ISTATE OF FOREIGN 76 COUNTRY) TY OR TOWN OF DEATH 11	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COU	MD. 126 KIND OF BUSINESS OR
ND 21201 24 hours of 24 hours of illed in by th ould be filed must be notif	USU 13a S	AL RESIDENCE (IF NURSING HOME OR OT IT ATE 136 COUNTY	ME NOT IN SUCH FACILITY, GIVE STREET HER INSTITUTION, GIVE RESIDENCE BEFORE 130 CITY OR, TO	Spital	13e STREET ADDRESS	Phila PL21961
RE, MARYLA coupletely by 1 ond 2 should collect the collection of	16a V	THER'S NAME FIRST PLOY PLOY VAS DECEASED EVER IN U.S. ARME		L E/sie	May Boye ADDRESS	LAST
I., BALTIMORE, ificote be execu- physicion and co- papers. Pages i moval.	(IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	2/2 - 40 one couse per lyma for (a), (b), o	6622 Doris V.	Staney No.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert ed by the attending please remove corbon urial, cremation, arrea	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	al my when	Cherical for east-Drubel RMINAL DISEASE OR CONDITION	GIVEN IN PART I 10
TAL RECORDS,	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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BP	0	Sorial Row	23b. DATE	both East We	HA NOVAN East NOV 8 1982	JISTRAR'S SIGNATURE

Edista May Get Now 1 MEZ 18:5 Female White Peb 17/10 75 My USA - Linex X - In Containing Elloy Lugarial Hopeial Homesia Net Carl Hoth Est - X 1152 Old Marketon GRIPE FRINGISHE ElsTE HAT ESPECE No SE-WELL Dies US TAMES North Entitled Jessel G Lanzi Tellinics Elling Hills Daggar 1 4-4-87 With East Heth Worth East Cecil Heli The state of the s



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME In DATE OF DEATH экрили Th HOUR CHARGO PRINTS I SEX A RACE 1 DATE OF BIRTH & AGE THE YEARS LAST BIRTHSAY 9, 1906 White 76 Female May BIRTHPLACE INTAIL OFFICE ON 25. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA West Virginia WIDOWED DIVORCED. IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 176 KIND OF BUSINESS OR OF NOT IN SUCH PACILITY, DIVE STREET ADDRESS. DRE FOR MIDST DY WORKING LIFE INDUSTRY Elkton Union Hospital Homemaker SUAL RESIDENCE IF NUMBER HOME OF OTHER HILLITUTION, GHE RESIDENCE REFORE ADMISSION 21921 TITE COUNTY UL CITY OF TOWN THE INSIDE CITY LIMITS? 13+ STREET ADDRESS. Maryland Cec 11 Elkton 286 Hollingsworth Manor IA FATHER'S NAME IS MOTHER'S MAIDEN NAME HODGE Dick John Mary Ellen. Martin 164 WAS DECEASED EVER IN U.S. ARMED FORCEST M. SOCIAL SECURITY NO. 17 INFORMANT LYES, NO OR WHENOWN) 19 YES ONE WAR OR DATEST 215-34-0529 Mrs. Virginia C. Dove, Elkton, Md. 21921 No It CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ADVANCED LUNG CANCER Conditions, if any, which gave rise to immediate course (o), stating the DUE TO: OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ICAT HIL DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED. 70v. AUTOPSY7 20k. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOX NO IT 21a. ACCIDENT WAS UNDERLYING: F 216 TIME OF INJURY THE HOW INJURY OCCURRED (INNER HATING OF HAME IN SEM IS AND CORPART IN HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH I P ETHER, NOTEY MEDICAL TRAMMER; 10 THE INJURY OCCURRED 21s. PLACE OF INJURY 711 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY IDM YOMNI COUNTY HIATE 22x.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (out) opinion death occurred on the date and hour and from the course stated 27h SIGNOUTL DEGREE 22c DATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [224 PHYEICIAN'S NAME THE CHIMINI 72# ADDRESS TIN BURIAL TREMATION, REMOVAL JIM DATE 23c NAME OF CEMETERY OR CREMATORY TH LOCATION

Elkton Cemetery

DHMH - 16 SDM 1781 (VRA 15, 4)

Burial

74 FLINERAL

ELKTON, MD. 21921

12-3-82

Elkton. 150. DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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213-34-0529 Mrs. Virginia D. Dovo, Mitton, Md. 21921

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 11-20-82 SHIRLEY KING . SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24419UR DATE YEAR LAST BIRTHDAY) PRONOUNCED 4-21-21 WHITE DEAD 11-20-82 11:30 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH ME BIRTHPLACE (STATE OR MARRIED D NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED | DIVORCED BOSTON MASS. Cecil ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Elkton Union Hospital SERVICE FORT DIX 210.08060 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS WS AYP NO 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRS1 HOM AS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) GRADY ISRANDOLPH DRIVE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (All tiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF KED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, AER: THIS Cs.

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TO PRIOR TO BUF YESX X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1494MAM. MONTH 20AX 2 EAR UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH driver of auto which collided with a truck P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21L LOCATION EXECUTE THE CERTIFICATE, WARNING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.8 AFTER DEATH, WITH THE STATE DEI BELLIMORE, MARTAND, 201 PI STREET, FACTORY, FARM, ETC.) Hgwy.#279 Md.nr. Elkton, Maryland WHILE AT WORK XXX hawy. , 22a. I certify that I took charge of the remains provided above, held on death resulted from Undetermined monner Natural couses Suicide TITLE (SPECIFY) DATE 11-21-82 MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street ADDRESS_ 230 BURIAL CREMATION REMOVAL 23d LOCATION CEMETER MT HOLL Y-BURLINGTON N. JERSEY BURIAL 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

No a	Ľ	FOR STATE REGISTRAR				RTMENT OF H	EALTH AND MENTA		NE 8 2 2 2	1 6	0 1
(M)		CEASED NAME E OR PRINT)	PAYM	E 4. RACE	MIDDLE	S DATE C	I DE DE BIRTH		20. DATE OF DEATH MONTH DAY AGE (IN YEARS LAST BIRTHDAY)	82 JNDER I YEAR	26 HOUR 4 430 M
4 040		Male		White		FEBR	UARY 10, 19	10	72 YRS.	IHS DAYS	HOURS MIN.
decrit de	P	RTHPLACE (STATE OR F COUNTRY) ennsy lvani	a	76 CITIZEN OF	A	MARRIE			BALTIMORE CITY OR COUNTY OF	20	MD.
by the later and the state of t	1	ITY OR TOWN OF DEA Elkton AL RESIDENCE (IF NURS		Uni	on Hosp	ital	or other institutio		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Foreman -Chrysl	IZE KIND O INDUSTRY .er &	Universi Delawar
SP S	13a	ary land	136 COUN	cil	13c. CITY OR T	OWN	13d. INSIDE CITY LIM	UTS?	3. STREET ADDRESS 379 Appleton Roa	ıd	
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be executor and control or and contr		NAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL S 187 -09		Mrs. Rona	ald B	ecker, Kenhorst,		9607
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed writing the intending physician. Site this certificate has been signed by the attending physician and camplet. The place the certificate has been signed by the attending physician and camplet. The place remave carbon papers. Pages 1 and 2 month than different Physician burial, cremation, or remaval. The analysis of the prior to burial, cremation, or remaval. The analysis of the prior to burial, cremation, or remaval.	CERTIFICATION	Canditians, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 11-2-3 21a, ACCIDENT WAS UNE	lediate g the lost.	(b)	RAS A CONSE ONTRIBUTING ONTRIBUTING THOR WH ASCUL	QUENCE OF QUENCE	NOT RELATED TO THE CO CO AN WAS PERFORMED CANCERDOS	ASC IS E TERMIN	ALDISEASE OR CONDITION GIVEN 200 AUTOPSY? YES NO STREET BY PART CENTER NATURE OF INJURY IN TERM 18 PART	IN PART 110 VERE FINDING CAUSES	4GS USED
TO HOSPITAL OR ATTENDING PHYSICIAN: Therbined by the haspital or attending physicis. TO FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-transit with the Store Dept. of Health and Mental Hygis IMPORTANT; If them 21 is marked or them 18 she	MEDICAL C	OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOT WHAT WORK 22a I certify the (1) saw the decease above the decase above the decase above the decase	AUSE OF DEA	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET FACTORY, OFF the deceased from	19 ICE FARM ETC) DIM 9 \$24, ar	211 LOCATION STREET 19 d that in my (aur) ap DEGREE ATTEND PHYSIC 27e ADDRESS	pinian dec	city or Town The distribution of the date and hour and the date and hour and the distribution of the dist	ad Iram the c	SIGNED 24-87
10 To with with With With With With With With With W	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	10 PM		EMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN	OUNTY	STATE
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 .2 9 2 8 2 CERTIFICATE OF DEATH REG. NO.

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	
		CEASED NAME ORPRINTI	TORM		MIDDLE	LA	USON	N DATE OF DEATH	11/24/82	955 A
	3 SEX	X		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAM # ENDER 1 YEA	P JA ONDER 24 HES.
		Male		Whit	e	FEBR	UARY 19, 1924	58	YRS BASS	HOURS MAC
36		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
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1	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 128. KIND OF WORKING LIFE) INDUSTRY	
01		Elkton			Union H			Electronics	- Aberdeen	Proving
21	05UA	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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70	14 FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		AST
10		John		•	Laws	on	Susie	-	Stu	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS	
		No			215-18	-9844	Gene Lawson,	Elkton, Mo	1. 21921	
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7	IFIC						THE TENTON INC.		IN CERTIFYING CAUSE	S OF DEATH?
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	¥	WHILE NOT WH	HILE	(AT HOME, STR	EET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE
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		sow the decease above, (1) (we) (c			4 19	82, or	d that in (my) (our) apinion	death accurred on the de		
		226. SIGNATURE	siar (did na	.A	/		DEGREE		22c. DA	ESIGNED
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DHMH - 16 50M 1/81 (VRA 15, 4)

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any injury, at ath	CERTIFICATION	PART 2 OTHER SIGNIFICAN Chronic Bra 190. Date of Operation	((c) TCONDITIONS In Synd	Strokes CONTRIBUTING TO rome 2nd	DEATH BUT NOT RE	al Arteri	rminal disease or con	NDITION GIVEN IN PAR	NDINGS USED
	TIFIC						YES NO	IN CERTIFYING CAU	JSES OF DEATH?
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FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

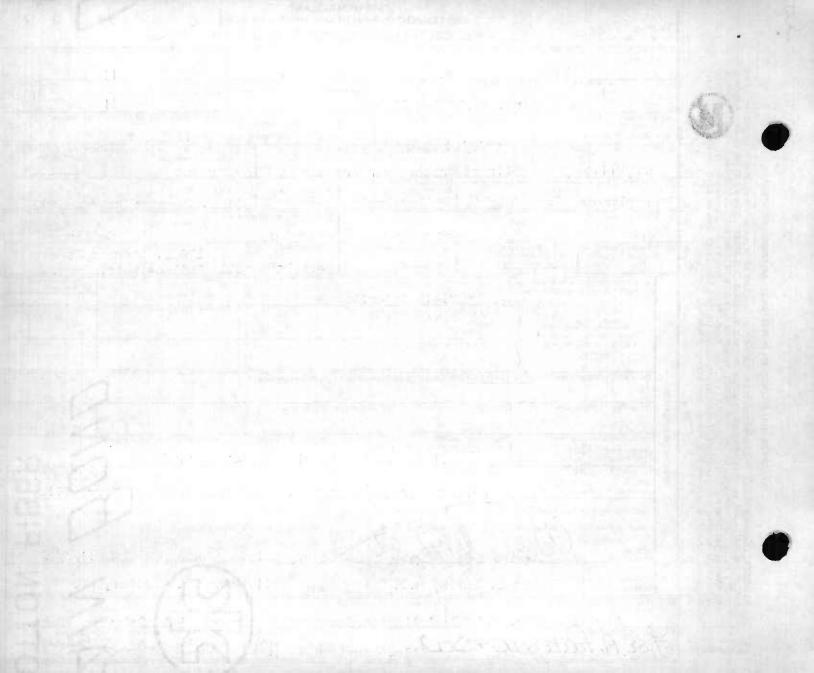
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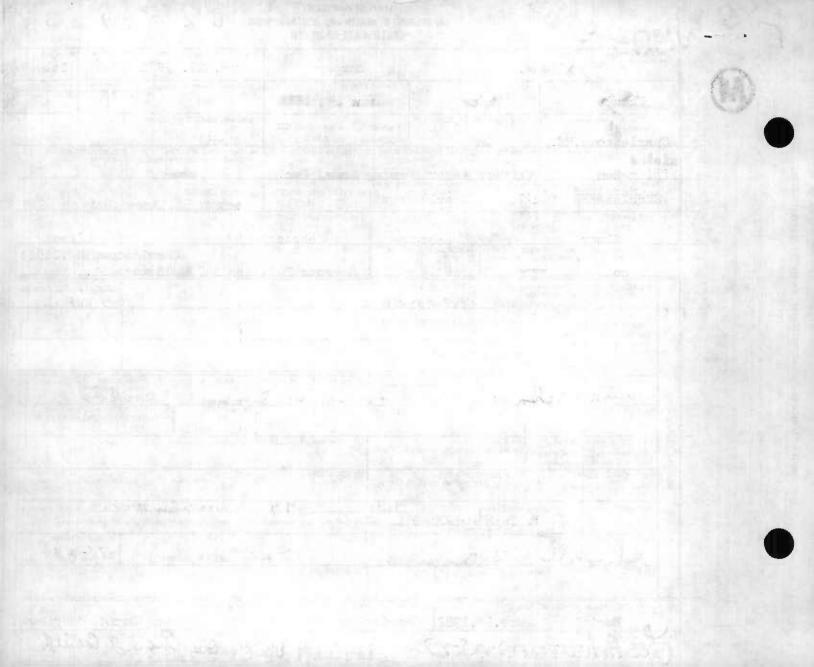
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STATE OF MARYLAND

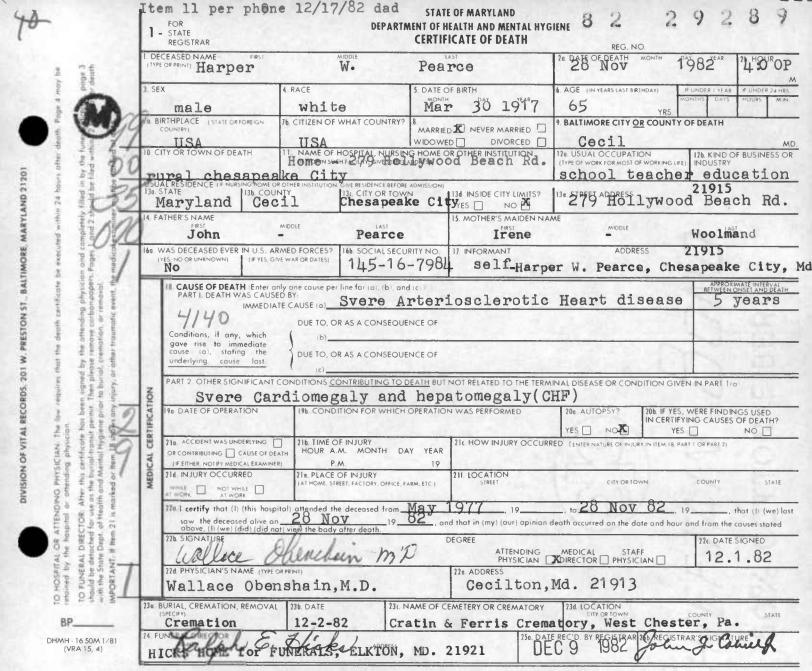
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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HICKS HOME for FUNERALS, ELKTON, MD. 21921

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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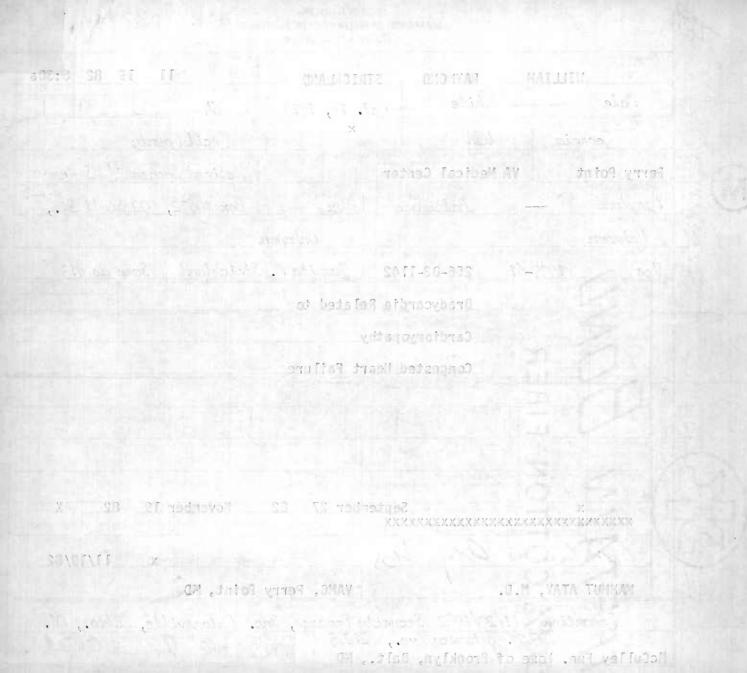
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(M)	3 SE	MALE	· WhITE	5. DATE OF BIRTH 12 29 1895	86 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS
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SPITAL OR d by the h NERAL DIR be detoche e Stote Dep TANT: If the			fremdo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11-17-82
TO HOSPITAL TO FUNERAL should be dett with the Stote MAPORTANT:		PREM LAL, M	I.D.	VAMC, Perty	Point, Maryland	
06BP		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 11-20-82 th	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY MY
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ADDRESS	25a DA	NE REC'D. BY REGISTRAR 256. 95 ISTR	AR'S SIGNATURE

Weber Funeral Home, Baltimore, MD 21231

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1 33	7a. B	IRTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 76		WHAT COUNTRY	? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMO	ORE CITY OR CO	UNTY OF DEATH	1	MC
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Poges 1		WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W	D FORCES?	166 SOCIAL SEC 219-10-	URITY NO.	Mrs. Harrie	tt Rob	ADDRESS		Marie III	21
n signed by the offending physic. Then please remove carbonpape to burial, cremation, ar remaval. injury, or other froumotic event, th	7	Conditions, if ony, gave rise to immucouse (a), stoting underlying cause	which ediate the last	DUE TO, OI DUE TO, OI (b) DUE TO, OI	r as a consequ	Recp JENCE OF	Lung G	milur MINAL DISEAS	E OR CONDITION		PROXIMATE INTERVAL EEN ONSET AND DEA	
ony ony	CERTIFICATION	19a DATE OF OPERATI	ОИ	19b. CONDI	TION FOR WHICH	H OPERATION	N WAS PERFORMED	20a AUTO	DPSY? 20b.	IF YES, WERE FIN ERTIFYING CAU YES	NDINGS USED SES OF DEATH?	
Mental Hygiene por Item 18 shaws		21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH	AY YEAR	21c HOW INJURY OCCUR					3
the bu	MEDICAL	21d. INJURY OCCURRE	E [7]	21e. PLACE (OF INJURY BET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
for use os of Health		saw the deceased obove (11) (11)				822,00	d that is my)(our) opinion	, 10	11/8 ed on the date one	19 83	the causes stated	
TANT: If Item		226. SIGNATURE	wh	. A.	Pale	,	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	111	ATE SIGNED	
AA		22d. PHYSICIAN'S NAM	TYPE OR PR	KINI			22e ADDRESS				1	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DITICIOR HICKS HOME for FUNERALS, ELKTON,

23b. DATE

11-12-82

230 BURIAL CHEMINION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY

MD. 21921

Cherry Hill Methodist Cemetery, Cherry Hill, 1
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

COUNTY

STATE

23d. LOCATION

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					New Y
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FOR

STATE

REGISTRAR

598Conowingo Rd, P.O.145, Conowingo, Md. 21918 (unknown 213-38-6118 August Ulrich - address above PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE saw the deceased alive on November 1819 80, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED November 26.98 Burial 11/26/82 Bel Air Memorial Bel Air, Manni 'Schimunek Funeral Home, Inc. DHMH - 16 50M 1/B1 (VRA 15, 4) 9705 Belair Road, Balto., Md. 21236

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

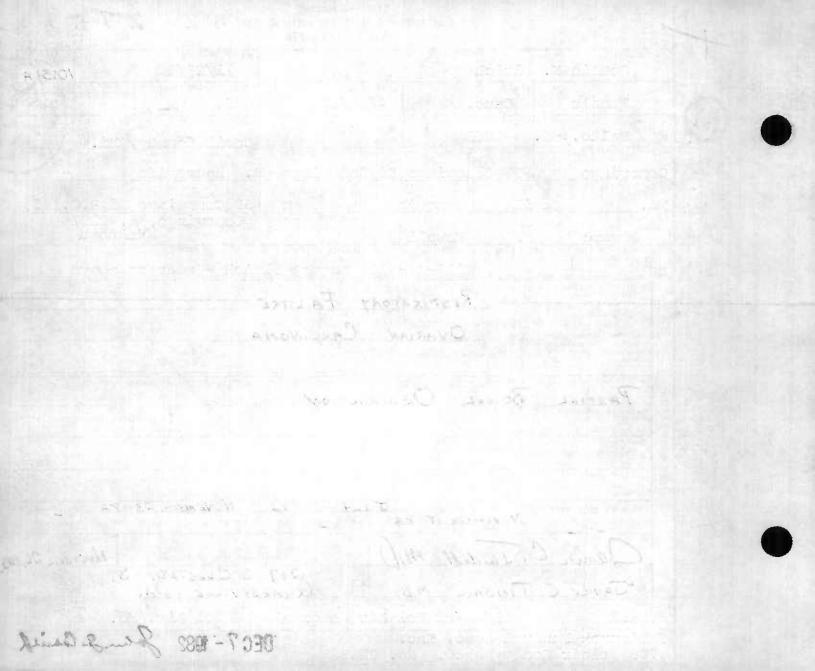
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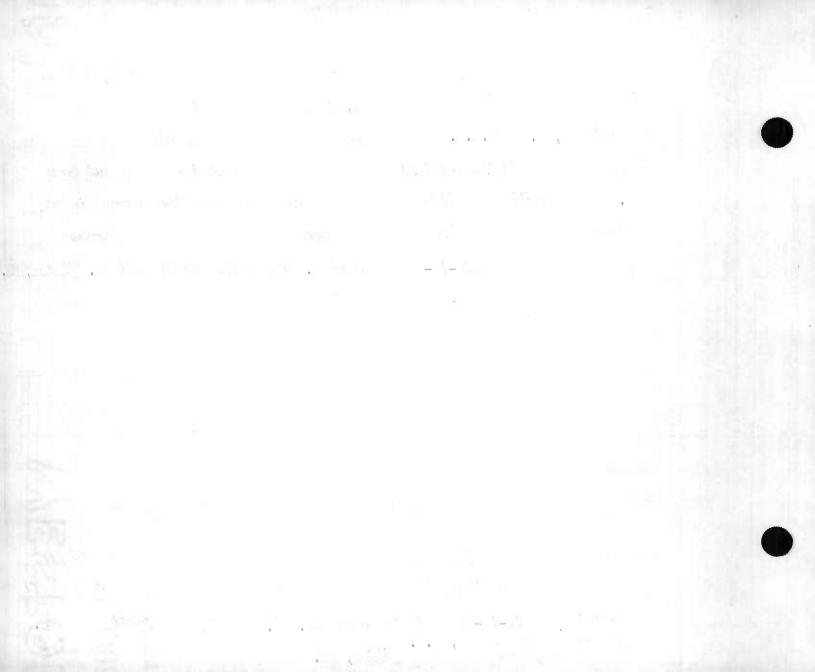
12b. KIND OF BUSINESS OR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



5	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 2	2	9 2	97
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9 4 4 6 W	7a_B	RTHPLACE (STATE OR I	FOREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	B MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
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8-/		VAS DECEASED EVER		OMAS	Whit		Alma.	ADDRI		lisher	
n ond Poges		res, no or unknown)		WAR OR DATES)	244-60-8					Maryland Rd	and 2100
n. n. cequires that the death certification in the contending physic basen signed by the attending physic permit. Then please remove carbonpopine prior to burial, cremation or removal ws any injury, or ather traumatic event.	CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W 1629 Canditions, if any, gave rise to improve to improve to improve to inderlying cause PART 2 OTHER SIGN 190. DATE OF OPERA	which mediate ig the last.	DUE TO, CO DUE TO, CO DUE TO, CO CO DUE TO, CO CO DUE TO, CO CO DONDITIONS C	Broncho OR AS A CONSEQUE OR AS A CONSEQUE Metas ta ONTRIBUTING TO D	PREUM MA 01		w/ ver and adres rminal disease or con 200. AUTOPSY?	206 IF YES, V	nds LIN PART ITO WERE FINDIN NG CAUSES	IGS USED OF DEATH?
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4 4 4 4 4		OR CONTRIBUTING	AUSE OF DEAT	HOUR A	M. MONTH DA	AY YEAR		OTTED TENTER MAIDRE OF 1810	AT HATTEN TO PAKE	TORTALI 21	
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by the hos ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	< (2	cel	-\	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	SIGNED -16-82
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DHMH - 16 50M 1/B1 (VRA 15, 4)			uneral	Home,	Aberdeen	, Md.	21001-3399	NOA S. P. JARS.	John	Sano	acely,

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17	PECEASED NAME			MIDOLE	_	LAST		20. DATE KN	ESTI-		Zb. HOUR
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BALTIMORE, MARRIAND 2	(TYPE OR PRIN		is F. Smy	h. M.D.		ADDRESS 11		Street			
230.	BURIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23¢ NAME O	F CEMETERY C	OR CREMATOR	23d.	LOCATION ITY OR TOWN		COUNTY	TATE
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